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Application Number	
Filing Date	
First Named Inventor	Geert Van Den Bossche et al
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	PF020136

I hereby revoke all previous powers of attorney given in the above-identified application.

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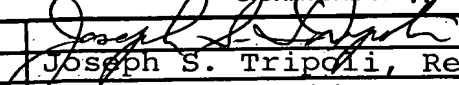
<input checked="" type="checkbox"/> Firm or Individual Name	Thomson Licensing Inc.				
Address	Patent Operations, P.O. Box 5312				
City	Princeton	State	NJ	Zip	08543-5312
Country	USA				
Telephone	609-734-6834	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/18/05	
Name	Joseph S. Tripodi, Reg. No. 26,040		Telephone	1-609-734-6834
Title and Company	Sr. Vice President, Thomson Licensing Inc.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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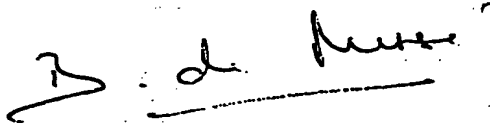
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do hereby grant

Joseph S. Tripoli
Senior Vice President
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DATED this 15 day of March, in the year 2004.



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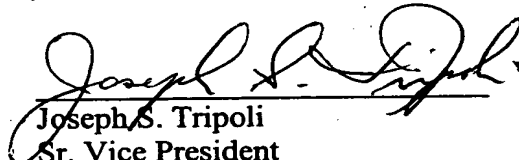
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DATED this 17th day of March, 2004.

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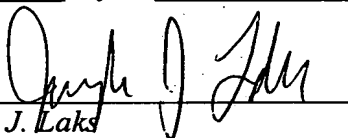
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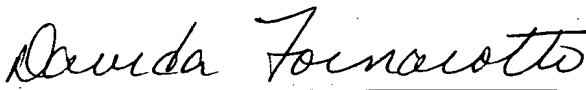
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DATED this 17 day of March, 2004.

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Joseph J. Laks
Vice President
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Attorney In Fact for
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WITNESS


Brenda Fournier